•				- ama Ti	STICS
•		. ~		BUREAU OF VITAL STATE	15
		Arizona State Boar	d of Health	Tile No	Mr.
90 - 4		Arizona State Boar	- TONA	Registered No	or
	TANDARD CERTIFICATE OF DEATH		ARIZONA		Ward
Fix F	OF DEATH	91315	Village T HOSDite	St., St., mpler)	-3.4-
Sta i	PLACE OF DEATH Yuma	Yuma	General NAME instead	d of street and 6 rs	88.
#5 t	County	No	institution, give U. S. if of for	oreign Union	
GZ Z	Township	(If death occurred mosds.	State when dest	h occurred?	
PERMANENT RECORD. Every stated EXACTLY. PHYSICIANS stated by properly classified. Exact states be properly classified.	TANDARD CERTIFICATE  PLACE OF DEATH YUMS  Township	occurren	How long to Ward,	n-resident give aty or own	
E E	Length of resident	gilo	St., (II do	RTIFICATE OF DEATH	3 , 19
<b>* 1 1 1 1 1 1 1 1 1 1</b>	2. FULL NAME. YUMA.	nlace of abode)	MEDICAL CE	RTIFICATE OF DO 33	deceased from
<b>25</b> 8	(a) Residence	PARTICULARS	21 DATE OF DEATH (month	RY CERTIFY hat	19.33
EXE	AND STATIST	5. SINGLE, MARRIED, WID- OWED, or DIVORCED, (Write OWED, or DIVORCED, Write	22h 0		death is said
PERMANE stated EX.	4. COLOR OR ALL	owen, or Married	yer o.	tated above, at 11:00 Pand related causes of im-	\
roj ted	Wexican	***************************************	I last saw   ET alive on the date st	tated above, at of im-	Date of Onset
PE Sta	Heilicon divorced	mon10	to have occurred on the date st to have occurred on the date st The principal cause of death :	and related causes	1'3
- 2 4 5 5 - A	5a. HOSPARIA OF Angel (or) WIFE of Angel  6. DATE OF BIRTH (month, day, and Years Months	12/13/1899	The principal cause portages were as follows:	eal T	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BINDING IS IS A should be at it may	DATE OF BIRTH (month, day, and	year) 12/10/2 If LESS than 1 day,hrs.	James	-00000	
H PO H	Ta AGE	24 ormin.	13. In an	e our	
OR B HIS JE s	33	Housewife	The state of the s	dun43 /183>	and the state of t
- P P P	Z 8. Trade, profession, or particular kind of work done, as spinner, kind of bookkeeper, etc	11000	Tau	X	
A A S	Z bookkeeper, bookkeeper, which		Other contributory causes	mportance:	
ERVEI INK plied. terms,	9. Industry or business in will, work was done, as silk mill, work was bank, etc	11. Total time (years) spent in this			
W B D C	saw mill, bank, etcsaw mill, bank, etc	spent in this occupation		Dat	
N RESERVED DING INK- ly supplied.	this occupant				s Ol
MARGIN UNFAD carefully	ACE (city or town)	Mexico	Name of operation	Date of injury  Date of injury	n also the following:
MARG UNE	HE 12. BIRTHY LOUNTRY) (state or country)  WAME Felix H	irtad O	What test confirmed diag	external causes (violence) iniury	
MARGIN UNFAD arefully	HI A BE 13. NAME FEILX 14. BIRTHPLACE (city or to (State or country)	wn) Mexico			
	13. NAME 250 14. BIRTHPLACE (city or to	mose ndez	Where did injury occur	(Specify city or town, county and	, or in public place.
ET P		ien Hernett	Specify whether injury	(Specify city or town, county and occurred in industry, in home,	********************************
A vi	15. MAIDEN NAME COLUMN 16. BIRTHPLACE (city or (State or country)	own) Wexico			
MLY	BIRTHPLACE (State or country)	Angulo	Manner of injury	njury in any way related to occur	pation of deceased
KIK	State of Angel	Arizona	Nature of injury	njury in any way related	
	17. INFORMANT TIME (Address) 18 BURIAL, CAME		339 24. Was discus	0 1-57	M. D.
	18 BURIAL, ROS Yuma Ceme!	BTY Date	Two IV so, specify	Calun Cal	aris
, E	17. INFORMANT YUMA (Address) 18 BURIAL, YUMA Cemet		(Signed)	1 yum	~ / /
× WRITE	19. UNDERTAKER (Address) (Address) (Address)	20 Just Alux	Certificate to be used for any Add	itional Information	
B		9.8.8 /1/1/19	Certificate to be used for any Aud	. *	$\mathcal{L}$
C					
	20M 4-19-33 MS 4829				